# Case 18-19530-SLM Doc 33 Filed 11/07/18 Entered 11/07/18 19:37:52 Desc Main Document Page 1 of 8

Fill	in this information to identify your ca	ase:	-77.E-	A CONTRACTOR								
De	btor 1 Mercedes G	uerra										
	btor 2 puse, if filing)											
Un	ited States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY									
Ca	se number 18-19530						Che	eck if this is				
(If k	nown)							An amend	ed filina			
							_	A supplem	ent showin	ig postpetition ollowing date:		
0	fficial Form 106l							MM / DD/	YYYY			
S	chedule I: Your Inc	ome									12/15	
atta	use. If you are separated and you ch a separate sheet to this form.  It 1: Describe Employment  Fill in your employment	r spouse is not filing wi On the top of any additi	ith you, d onal page	o not include es, write your	infor	matic e and	n abo	ut your sp number (if	ouse. If me known). A	ore space is Answer every	needed, question	
١.	information.		Debtor	Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status*	Employed				☐ Employed					
		☐ Not employed				☐ Not employed						
	Include part-time, seasonal, or	Occupation	Nurse					-				
	self-employed work.	Employer's name	East C	Drange Gene	eral H	losp	ital					
	Occupation may include student or homemaker, if it applies.	Employer's address		entral Aveni Drange, NJ (	77. P.							
		How long employed t	here?	1 Year								
				*See Attac	hmen	t for	Additi	onal Emplo	oyment Inf	ormation		
Pa	rt 2: Give Details About Mor	nthly Income										
spo If yo	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co										
moi	e space, allach a separate sheet to	unis iorm.					For D	ebtor 1		btor 2 or ing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the monthl	efore all p ly wage w	eayroll ould be.	2.	\$		6,944.88	\$	N/A		
3.	Estimate and list monthly overt	ime pay.			3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Income. Add lin	ne 2 + line 3.			4.	\$	6,	944.88	\$	N/A		

Official Form 106I

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Debto	r 1	Mercedes Guerra			Case n	umber (if kno	wn)	18-1	9530			
					For I	Debtor 1	88		Debtor			
(	Сор	y line 4 here	4.		\$	6,944.	88	\$	i-ming s	N/		
5. I	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	2.074	00	\$		NI/	Α.	
	5b.	Mandatory contributions for retirement plans	5b		\$	2,074	00	\$		N/		
	5c.	Voluntary contributions for retirement plans	50		\$		00	\$		N/		
	5d.	Required repayments of retirement fund loans	5d		\$			\$		N/		
	5e.	Insurance	5e		\$		00	\$				
	5f.	Domestic support obligations	5f.		\$		00	\$		N/		
	5g.	Union dues	5g		<b>\$</b> —		00	ψ		N/		
	5h.	Other deductions. Specify:		1.+	\$			+ \$				
				Ι, Τ	_					N/		
		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,074		\$_		N/		
7. (	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,870.	88	\$		N/	Α	
	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0	00	¢		N/	Δ.	
,	8b.	Interest and dividends	8b		\$		00	\$_ \$		N/		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	).	\$		.00	\$		N/		
	8d.	Unemployment compensation	80	۱.	\$		.00	\$		N/		
	8e.	Social Security	8e	<del>)</del> .	\$		00	\$		N/		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		.00	\$		N/		
	8g.	Pension or retirement income	89		\$		.00	\$_		N/		
•	8h.	Other monthly income. Specify:	8h	1.+	\$	0.	00	+ \$		N/	Α	
9	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	0.	.00	\$		N	I/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	•		070.00	. 6		NIZA	= \$		070.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Φ_	4	,870.88	Ψ.		N/A	_ D	- 4	,870.88
11.	Stat Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe							J. +\$_		0.00
1		I the amount in the last column of line 10 to the amount in line 11. The re- te that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certa</i> lies							12.	\$_		,870.88
13.	Do	you expect an increase or decrease within the year after you file this form	1?							Com		d income
		No. Yes. Explain:										

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Debtor 1 Mercedes Guerra	Case number (if known)	18-19530
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#### Official Form B 6l Attachment for Additional Employment Information

Debtor		
Occupation	Nurse	
Name of Employer	West Caldwell Care Center	
How long employed	7 Months	
Address of Employer	165 Fairfield Avenue Caldwell, NJ 07006	

Official Form 106I

Schedule I: Your Income

page 3

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Fill in this	information to identify yo	ur case:	New York Committee of the	William to the state of				
Debtor 1	Mercedes Gu	ierra			Ch	neck if	this is:	
						An a	amended filing	
Debtor 2 (Spouse, if	f filing)							wing postpetition chapt
						13 6	expenses as of	the following date:
Jnited Sta	tes Bankruptcy Court for the:	DISTR	ICT OF NEW JERSEY			MM	/ DD / YYYY	
Case numl (If known)	ber 18-19530							
Officia	al Form 106J							
Sche	dule J: Your I	Exper	ises					1
informati	mplete and accurate as ion. If more space is ned (if known). Answer ever Describe Your House	eded, atta y questio	. If two married people a ach another sheet to this n.	re filing together, both form. On the top of an	are ed y addi	qually itional	responsible fo pages, write y	or supplying correct your name and case
1. Is th	nis a joint case?	,						
	lo. Go to line 2. ′es. <mark>Does Debtor 2 live i</mark>	n a separ	ate household?					
	☐ No ☐ Yes. Debtor 2 mus	t file Offic	ial Form 106J-2, <i>Expenses</i>	s for Separate Household	d of De	ebtor 2		
. Do y	ou have dependents?	□No						
Do n	not list Debtor 1 and tor 2.	Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	hip to		Dependent's age	Does dependent live with you?
Do n	not state the						BOLLOW WHEN THE STATE OF THE ST	□No
depe	endents names.			Son			9	Yes
								□ No
				Daughter			17	Yes
								□ No □ Yes
								☐ Yes
								□ Yes
	our expenses include		No					
vour	enses of people other th rself and your depender	ian _	Yes					
art 2:	Estimate Your Ongoin	g Month	ly Expenses					
expenses applicabl	s as of a date after the b	ankrupto	uptcy filing date unless y y is filed. If this is a supp	ou are using this form blemental Schedule J, c	as a s heck	the bo	ment in a Cha ox at the top o	pter 13 case to repor f the form and fill in t
nclude e	expenses paid for with n	on-cash	government assistance i	f you know	155			
he value	of such assistance and Form 106I.)	l have ind	cluded it on Schedule I: )	our Income			Your expe	enses
	rental or home ownersh ments and any rent for the		ses for your residence. I or lot.	nclude first mortgage	4.	\$		1,610.00
lf no	ot included in line 4:							
4a.	Real estate taxes				4a.	\$		417.00
4b.	Property, homeowner's				4b.			178.00
4c.	Home maintenance, rep					\$		50.00
4d.	Homeowner's associati		dominium dues o <b>ur residence,</b> such as ho	na a a suitu la ===	4d.			0.00
. Addi	monai mongaye payme	ints for yo	our residence, such as no	me equity loans	5.	Ф		0.00

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■ No.			
For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?	ou file this ir mortgage	s form? payment to incre	ease or decrease because of a
23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	23c.	\$	120.88
			4,870.88 4,750.00
	225	¢	4.070.00
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,750.00
		\$	
22a. Add lines 4 through 21.		\$	4,750.00
		+\$	80.00
			50.00
			20.00
	21.		90.00
			0.00
			0.00
			0.00
20b. Real estate taxes		*	0.00
20a. Mortgages on other property	20a.	\$	0.00
		our Income.	
Other payments you make to support others who do not live with you.		\$	0.00
Tour payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I. Your Income (Official Form 106I).	18.	\$	0.00
		\$	0.00
			0.00
			0.00
			634.00
Installment or lease payments:		<b>—</b>	0.00
	16	\$	0.00
	15d.	\$	0.00
			271.00
			0.00
		*	0.00
	4-		
Insurance.		•	00.00
			50.00
Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books			50.00
Transportation. Include gas, maintenance, bus or train fare.	40	Φ.	100.00
	11.	\$	100.00
			50.00
Clothing, laundry, and dry cleaning		\$	100.00
	8.	\$	0.00
			500.00
6d. Other. Specify:			0.00
			150.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection	6a. 6b.	\$	150.00 100.00
6a. Electricity, heat, natural gas			
	6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other, Specify: 17d. Other, Specify: 17d. Other, Specify: 17d. Other payments of alimony, maintenance, and support that you did not report at deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Sch 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Support to Elderly Parent Uniform for Work & Work Supplies Pet Food & Grooming School lunch for Daughter  Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22 and 22b. The result is your monthly expenses.  Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy ur monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect your official to the terms of you	6d. Other. Specify: Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning Personal care products and services 11. Transportation. Include gas, maintenance, bus or train fare. Do not include are payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. 15b. Health insurance 15b. 15c. Vehicle insurance 25c. 15b. Health insurance 25c. 15b. Health insurance 25c. 15c. Vehicle insurance 35c. 15c. Vehicle insurance 35c. 15c. Other insurance. Specify: 15c. 15d. Other insurance. Specify: 15c. 15d. Other insurance 35c. 15d. 15d. 15d. 15d. 15d. 15d. 15d. 15d	6d. Sher. Specify: 6d. \$ Food and housekeeping supplies 7, \$ Childcare and children's education costs 8, \$ Clothing, laundry, and dry cleaning 9, \$ Personal care products and services 110, \$ Medical and dental expenses 111, \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13, \$ Charitable contributions and religious donations 14, \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$ 15b. Life insurance 15c. \$ 15b. Health insurance 15c. \$ 15c. Vehicle insurance 15c. \$ 15d. Other insurance. Specify: 15d. \$ 15d. Other insurance. Specify: 15d. \$ 15d. Charitable controlled insurance deducted from your pay or included in lines 4 or 20.  Specify: 16, \$ 16a. S 17b. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 1 17a. \$ 17c. Cother. Specify: 17c. \$ 17d. Other. Specify: 17d. \$ 17d.

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Fill in this infor	mation to identify your	case:		175 STATE OF THE PARTY.	
Debtor 1	Mercedes Guerra	Middle Name			
Debtor 2	riist Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY		
Case number	18-19530				
(if known)					ck if this is an nded filing
Official For	m 106Dec				
Declara	tion About a	n Individual	Debtor's Sc	hedules	12/15
Sig	n Below				
Did you pa	ay or agree to pay some	one who is NOT an attori	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition I Declaration, and Signature	
Under pena	alty of perjury, I declare	that I have read the sumr	mary and schedules filed	d with this declaration and	
x	1 / Suura		x		
Merce	des Guerra ire of Debtor 1		Signature of I	Debtor 2	
Date	November 7, 2018		Date		

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Debtor 1	Mercedes Guerra							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
Jnited States I	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY						
Case number	18-19530							

Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Into	es complete and accurate as possible. If two married people are filing together, both are equally responsible fo rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	r supplyi	12/15 ng correct iles after you file
Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	249,442.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	19,483.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	268,925.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	580,672.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	38,513.00
	Your total liabilities	\$	619,185.00
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,870.88
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J.	\$	4,750.00
Par	4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	ı personal,	family, or
	Variable to an actual and a second se		

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Mercedes Guerra

Case number (if known) 18-19530

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

15,096.98

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total</b> . Add lines 9a through 9f.	\$	0.00